



ACUSHNET RUBBER COMPANY, INC.

Manufacturers of Elastomeric Products

SEP 12 1997

September 5, 1997

Environmental Protection Agency
Permits Processing Section
P. O. Box 8127
Boston, MA 02114

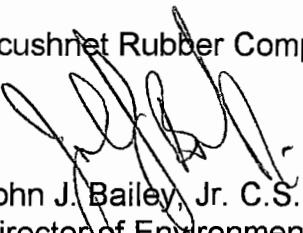
Gentlemen:

Enclosed please find copies of our discharge monitoring reports for our Stormwater Permit No. MAR 00A234 for Plant B located at 744 Belleville Avenue, New Bedford, MA. for the period from January 1 to June 30, 1997.

Should you have any questions regarding these discharge monitoring reports, please do not hesitate to contact me.

Sincerely,

Acushnet Rubber Company, Inc.



John J. Bailey, Jr. C.S.P.
Director of Environmental Affairs

JJB/vgd
Encl.

Discharge Monitoring

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name Acushnet Rubber Company - Plant B
Street 744 Belleville Ave,
City New Bedford,
State/Zip code MA 02745

see INSTRUCTIONS on back

Remarks Storm Drain Monitoring

Telephone number (including area code) 508-998-4058

(2-3) MA	(4-16) MAR 00A234
ST	PERMIT NUMBER

(17-19) DIS

REPORTING PERIOD: FROM

(20-21)	(22-23)	(24-26)
9	7	0
YEAR	MO	DAY

 TO

(26-27)	(28-29)	(30-31)
9	7	0
YEAR	MO	DAY

(32-37) PARAMETER		(3 card only) QUANTITY				(62-63) UNITS	(4 card only) CONCENTRATION				(62-63) UNITS	(64-68) FREQUENCY OF ANALYSIS	(69-70) SAMPLE TYPE
		(38-45)			(54-61)		(46-53)			(54-61)			
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
#1 OIL & GREASE	REPORTED							0.8				1/180	Grab
	PERMIT CONDITION												
C.O.D.	REPORTED							<4.0				1/180	Grab
	PERMIT CONDITION												
pH	REPORTED							6.8				1/180	Grab
	PERMIT CONDITION												
#2 OIL & GREASE	REPORTED							0.7				1/180	Grab
	PERMIT CONDITION												
C.O.D.	REPORTED							<4.0				1/180	Grab
	PERMIT CONDITION												
pH	REPORTED							6.6				1/180	Grab
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
Bailey, John J.		Director of EHS		9 7 0 9 0 4									
LAST	FIRST	MI	TITLE		YEAR	MO	DAY						

INSTRUCTIONS FOR COMPLETING
DISCHARGE MONITORING REPORT

Read these instructions before completing form:

After reading and understanding instructions and forms, please return acknowledgement card.

Sampling and testing procedures should follow those published in 40 C.F.R. 136. These are basically Standard Methods or EPA procedures.

Forms should be completed in triplicate for each discharge with copy each for EPA, state and your records. If the state requires a more frequent submittal than EPA, collate EPA's copies and send as required.

Enter permittee name and facility address, PERMIT NUMBER, discharge number and reporting period. (A separate page is required for each discharge.)

For each parameter monitored during the reporting period, (either as a requirement of the permit or for own information) summarize the data as required in the permit and complete the form as follows:

1. Parameter column - list parameter name.
2. Enter minimum, average and maximum values for quantity and/or concentration under appropriate column headings.
 - a. If frequency is once per month or less, enter the one value under average and leave minimum and maximum blank.
 - b. lb/day (pounds per day) equals flow (in million gallons per day) times concentration (in mg/l) times 8.34.
Example: 2.5 MGD x 30 mg/l BOD x 8.34 = 625.5 lb BOD/day
 - c. MGD equals gallons per minute times 1440.
3. Enter units as appropriate.

MGD - million gallons per day
lb/day - pounds per day
mg/l - milligrams per liter
SU - standard units for pH
°F - degrees fahrenheit
kg/day - kilograms/day = $\frac{\text{lb/day}}{2.2}$
(other units may be used as necessary)
4. Specify the number of samples that exceeded the maximum (and/or minimum, as appropriate) in the columns "NO. EX." If none, enter "0". If there are any violations, send a letter of explanation.
5. Specify frequency of analysis as number of analyses/number days (3/7 is three analyses per every 7 days, 1/7 is weekly, 1/30 is once a month, 30/30 is daily, 1/90 is quarterly & 1/180 is semiannually) If continuous, enter "CONT".
6. Specify sample type ("grab" or "hr. composite")
If frequency was continuous enter "NA."

Indicate person or laboratory performing analytical work under Remarks.

Print name and title of person responsible for monitoring and reporting and sign and date the form.

Mail state copy to appropriate state agency and EPA copy to

Environmental Protection Agency
Permits Branch
Box 8127
Boston, MA 02114

When supply of forms will be exhausted within 2 months, send reorder form or reproduce forms yourself.